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**AMERICAN LEGION AUXILIARY**

**DEPARTMENT OF NEBRASKA**

**MEMBER DATA STATUS INFORMATION CHANGE FORM**

**MEMBERSHIP INFORMATION**

**Form Date:** \_\_\_\_\_\_\_ Unit **#** \_\_\_\_\_ **City:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Member Type**:  Senior  Junior

**Category:**  PUFL -Paid up for Life  SLM - NE State Life Member  VIM -UNIT- Very Important Member

**NEW INFORMATION**

Marital status:  M  S  W  D

Member Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

H: Phone: \_\_\_\_-\_\_\_\_\_-\_\_\_\_\_\_ C: Phone: \_\_\_\_-\_\_\_\_\_-\_\_\_\_\_\_

E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**CURRENT INFORMATION**

Marital status:  M  S  W  D

Member Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

H: Phone: \_\_\_\_-\_\_\_\_\_-\_\_\_\_\_\_ C: Phone: \_\_\_\_-\_\_\_\_\_-\_\_\_\_\_\_

E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

** UNIT TRANSFER**

**PREVIOUS UNIT** NUMBER: \_\_\_\_\_ DEPARTMENT of: \_\_\_\_\_ **NEW UNIT** NUMBER: \_\_\_\_\_ DEPARTMENT of: \_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

 Signature - Member *(Required)*  Signature - New Unit Officer *(Required)*

** CANCELLATION OF MEMBERSHIP**

 DECEASED: Date of Death\_\_\_\_/\_\_\_\_/\_\_\_\_  MEMBER REQUEST  OTHER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Unit Officer completing form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Retain copy for permanent Unit records*